

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10657768
APPLICANT(S) _____

FILING DATE 09-08-03

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. <u>3</u>						
TOTAL DEP. <u>21</u>						
TOTAL CLAIMS <u>24</u>						
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